

Office of Management and Enterprise Services – Risk Management Department  
P.O. BOX 53364 – OKLAHOMA CITY, OKLAHOMA 73152  
TELEPHONE (405) 521-4999 – FAX (405) 522-4442

**CLAIMANT'S REPORT**

EACH PERSON MAKING A CLAIM MUST FILE A SEPARATE CLAIM

Filing a Liability Claim Against the State of Oklahoma

## **Important Information Read Carefully**

The State of Oklahoma is sorry to learn of your accident. The Risk Management Department administers a self-insurance program for all State entities including all State owned institutions of higher education. As the administrator of the State's liability self-insurance program, the Risk Management Department will do all it can to expedite your claim. Our ability to assist you with your claim depends upon your full cooperation.

If you are filing a claim for property damage only, please complete the State's Property Damage Claim Form and follow the directions for submission of all required estimates of repair. Use this form for filing damage to vehicles as well. We may dispatch a claim adjuster to inspect damaged property. We will notify you if we find this necessary.

If your claim includes or is for personal injury, bodily injury or both, you are required to complete the Personal Injury/Bodily Injury Claim Form. Recent changes to Federal Law related to Medicare and Medicaid require mandatory electronic reporting of all liability claims to the Center for Medicare Services (CMS) Section 111 of the Medicare, Medicaid and SCHIP Extension Act (MMSEA) of 2007; CMS has stated the collection of data is for the following purpose:

"The data collected under Section 111 reporting will be used by CMS in processing claims billed to Medicare for reimbursement for items and services furnished to Medicare beneficiaries and for MSP recovery efforts, as appropriate.

"The Section 111 reporting responsibilities are an additional, more comprehensive method for obtaining information regarding situations where Medicare is appropriately a secondary payer. They do not replace or eliminate existing obligations under the MSP provisions for any entity. For example, Medicare beneficiaries who receive a liability settlement, judgment, award, or other payment have an obligation to refund associated conditional payments within 60 days of receipt of such settlement, judgment, award, or other payment. The Section 111 reporting requirements do not eliminate this obligation."

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**Continued**

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The State is responsible for gathering this information and reporting it to CMS. This requires the State to submit a query to CMS on every claimant to determine each claimant's status under Medicare. For all eligible Medicare claimants, the State will electronically transmit to CMS the required claim information upon payment of a claim.

Because the State is required to report claims as directed by the Federal Government and under a penalty for failing to do so, the Risk Management Department will reject as incomplete any claim for personal or bodily injury by any claimant who fails to complete the State's Personal and Bodily Injury Claim Form. The Risk Management Department will accept rejected claims as legitimate only upon the claimant's submission of a properly completed State form for such personal or bodily injury claim. This will apply to any claim filed directly by you or your representative. If you have retained an attorney, please be advised the Risk Management Department can only communicate with your attorney.

Also, be advised that you must sign and present the attached Medical Records Release of Information and HIPAA Release of Information forms with your claim related to personal or bodily injury. Your failure to provide the State's releases with your signature will make it impossible for the State to process your claim and will cause an unnecessary delay in doing so.

If you have any questions, please contact our claims unit at the phone number listed above.

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**Frequently Asked  
Questions**

- Q. Who can file a claim against the State of Oklahoma, its agencies, or employees?**
- A.** Only a claimant can file a claim against the State, its agencies or employees. A "Claimant" is defined by state statutes as a "person holding an interest in real or personal property which suffers a loss," a person "actually involved in the accident or occurrence who suffers a loss", or "in the case of death," the administrator or personal representative of the estate of an individual who suffered a loss due to the actions of the State, its agencies or an employee. If damage is to property (i.e. a vehicle), the claimant would be the party listed on the title.
- Q. How long from the date of the incident does the claimant have to file claim?**
- A.** A claimant must present a claim against the State within one (1) year of the date the loss or injury occurs. If a claim is not filed within one (1) year of the date on which the loss occurs, then an individual is "forever barred" from bringing his or her claim. 51 O.S., '156.
- Q. From the time the claim is received into Risk Management how long does the state have to respond?**
- A.** By statute, the State has ninety days from the date the claim is received to respond to the claim. A claim must be filed in writing. A telephone call does not constitute a claim. If the State has not approved the claim or denied it, the claim is automatically deemed denied by law ninety (90) days after the claim was received. 51 O.S. ' 157(A). A claim may be settled after the ninety (90) day period ends, but this does not stop or pause the time within which a claimant has to file a lawsuit, unless agreed to in writing. The State makes every effort to investigate and respond to claims as quickly as possible.
- Q. When can the claimant file suit?**
- A.** By statute, a claimant cannot file a lawsuit until a claim has been denied or ninety (90) days has passed from the date the claim was filed with the State. A lawsuit may not be filed if a tort claim was not filed.
- Q. How long do I have to file suit?**
- A.** A claimant has one hundred eighty (180) days from the date a claim is either denied or deemed denied by the passing of the ninety (90) day period to file a lawsuit. 51 O.S. '157(B).

EXHIBIT G

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Q. **Can the claimant get vehicle rental authorized?**

A. Risk Management can not authorize a claimant to rent a vehicle. Each claim must be reviewed by the office of the Oklahoma Attorney General or authorized legal counsel to determine whether a claim will be approved. If a claim is approved, reasonable vehicle rental will be considered as part of the settlement of the claim.

Q. **What if the claimant is my minor child?**

A. You would then need to fill out the claim form with both custodial parents names as the parent or guardian of the minor. You would both need to sign the claim form.

Q. **Will an adjuster be assigned to my claim?**

A. Occasionally, Risk Management will assign an adjuster to review a property damage claim for a vehicle.

Q. **Can a claimant get authorization for medical care?**

A. Risk Management cannot authorize any medical care. Each claim must be reviewed by the office of the Oklahoma Attorney General or authorized legal counsel to determine whether a claim will be approved.

Q. **What type of additional documentation may be needed for my claim?**

A. For property damage, two estimates or a repair bill and copy of title and registration are required. Other documentation that may be submitted if incurred are estimates or receipts for vehicle rental, towing charges, lost wage statements, etc. If the claim is for personal injury, then copies of all the medical bills and doctors' reports are required. Other documentation that may be submitted are medicine prescriptions, medical aids, etc.

Q. **Does the State work like regular insurance companies?**

A. The State of Oklahoma is self-insured by Risk Management.

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**BODILY INJURY CLAIM**

131-TORT  
AGENCY NUMBER

Type or Print in Ink

1420014327 -  
CLAIM NUMBER

*Under Federal law, Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) added new mandatory reporting requirements for liability insurance (including self-insurance), no-fault insurance, and Workers' Compensation, which includes coverage available for legitimate claims against the State of Oklahoma.*

**SECTION 1 – Claimant Information**

Claimant's Name John Roland, ODOC# 487525  
Mailing Address Joseph Harp Correctional Center, Unit C-2-201, PO Box 548  
City Lexington State Oklahoma Zip Code + 4 73051-0548  
Phone Number ☒ Home ☐ Work (405) 885-6122 Cell ( ) -  
Social Security Number 557 - 73 - 6488 Date of Birth 10 / 21 / 1982  
Gender ☒ Male ☐ Female Email Address \_\_\_\_\_

**SECTION 2 – Incident Information**

Incident Date June 17, 2014 Time 6:00 & 6:30 ☐ AM ☒ PM  
16161 Moffitt Road, PO Box 548 Lexington Okla. Cleveland  
Address/Highway City State County

**Describe Incident/Injury:**

On 06-17-2014, Claimant was shot in the arm by Sergeant Thompson by his homemade Blow-Gun between 6:00 pm and 6:30 pm. Which sharp object used as Dart penetrated into Claimant's Flesh deeply and had to be pulled out. On 06-17-2014 between 9:30 pm and 9:50 pm., Claimant was given a Tetanus Shot by Medical for physical Injury.

On 06-17-2014 Claimant told Sergeant Heartfield at 10:00 pm., about the incident caused by Sergeant Thompson. Mr. Heartfield was working---

Add sheet for additional comments

**SECTION 3 – State Agency Involvement**

Describe any evidence that will prove the State or a State employee was negligent:

On 06-17-2014, there is a Camera located where the incident occurred between 6:00 pm and 6:30 pm. The homemade Blow-Gun was manufactured by Sergeant Thompson while working on duty at Joseph Harp Correctional Center before arming the Blow-Gun and firing an object that served as a Dart for the Blow-Gun. The action of Sergeant Thompson was foreseeable on his part when the Injury was inflicted with Intent to Injure Claimant and foreseeable that Injury would result from such firing a Blow-Gun loaded with a Dart at Claimant.

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**SECTION 4 – Claimant/Representative Information**

1420014327 -

- ☒ Self      ☐ Power of Attorney      ☐ Family Member  
☐ Parent      ☐ Guardian/Conservator      ☐ Other (explain) \_\_\_\_\_  
☐ Attorney      ☐ Estate

**Representative Info** (complete this area if anything other than Self is checked above)

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip + 4 \_\_\_\_\_

( ) - \_\_\_\_\_

Phone Number \_\_\_\_\_

Federal Identification Number \_\_\_\_\_

Email Address \_\_\_\_\_

Provide documentation to support connection to claimant

**SECTION 5 – Medical Providers**

Each amount listed below must be supported with documentation.

	Amount	Provider Name	Telephone Number
Ambulance	\$		( ) -
Emergency Room	\$		( ) -
ER Doctor	\$		( ) -
Radiology	\$		( ) -
Hospital	\$		( ) -
Doctor	\$		( ) -
Radiology	\$		( ) -
PCP	\$		( ) -
Prescriptions	\$		( ) -
PT/Chiropractic	\$		( ) -
Medical Supplies	\$		( ) -
Other	\$		( ) -
Other	\$		( ) -
Total	\$		

**SECTION 6 - Lost Wages**

Amount of total wages lost, on company letterhead – showing the amount of leave used, with the hourly rate. Statement must be signed and dated with contact information of signer.

\$ \_\_\_\_\_

Were you on the job at the time of the incident?

☒ Yes    ☐ No

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**SECTION 7 - Claimant Insurance**

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Have you reported this injury to your personal health insurance? ☐ Yes ☐ NoHave you filed a claim with your personal health insurance? ☐ Yes ☐ No

Insurance Company Name: \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Deductible \$ \_\_\_\_\_

Agent Name \_\_\_\_\_

Phone Number ( ) - \_\_\_\_\_

Amount received/to be received from your personal health insurance? \$ \_\_\_\_\_

Do you have Medicare? ☐ Yes ☐ No

Medicare Number \_\_\_\_\_

Do you have Medicaid? ☐ Yes ☐ No

Medicaid Number \_\_\_\_\_

*Attach a copy of insurance cards for each type of insurance coverage***SECTION 8 - Claim Documentation Checklist**☐ MMSEA fields completed - DOB, SSN☐ Police Report, if applicable☐ Medical Bills, with contact information☐ Photos☐ Medical Records☐ Investigative Reports☐ Paid Receipts☐ HIPPA Release

*Documentation to support requested compensation must be provided. Estimates or quotes and/or paid receipts should total the requested compensation amount.*

**Enter amount of compensation required for full  
settlement of your injury damage.**

**\$ 25, 000.00****WARNING**

It is a Felony to make or present a false, fictitious or fraudulent claim for payment of public funds.  
The State of Oklahoma will prosecute and conviction may result in criminal penalties.

21 O.S. §358-359

*The information in this claim form is true and correct to the best of my knowledge.*

John J. Roland  
Signature

OR

\_\_\_\_\_  
Authorized Signer's Signature

John Roland, ODOC# 487525  
Signers Printed Name

\_\_\_\_\_  
Authorized Signers Printed NameJuly 02, 2014

Date

\_\_\_\_\_  
Title of Authorized Signer